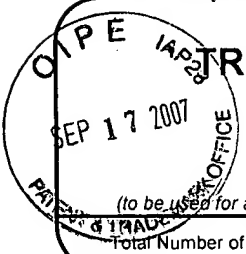


*ITW*

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 <p><b>TRANSMITTAL FORM</b></p> <p>(to be used for all correspondence after initial filing)</p>	Application Number	08/859,995	
	Filing Date	05-21-1997	
	First Named Inventor	HEMPLEMAN, James D.	
	Art Unit	2172	
	Examiner Name	Aiford W. Kindred	
Total Number of Pages in This Submission	6	Attorney Docket Number	1482-0001

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>SEE REMARKS BELOW</b>		
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>           - Power of Attorney and Correspondence Address Indication Form with listing of Practitioner(s) Named in Power of Attorney            - Statement Under 37 CFR 3.73(b)            - Certificate of Mailing Under 37 CFR 1.10            - Return Receipt Postcard         </td> </tr> </table>			Remarks	- Power of Attorney and Correspondence Address Indication Form with listing of Practitioner(s) Named in Power of Attorney - Statement Under 37 CFR 3.73(b) - Certificate of Mailing Under 37 CFR 1.10 - Return Receipt Postcard
Remarks				
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.			
Signature	<i>Konrad V. Sherinian</i>			
Printed name	Konrad V. Sherinian			
Date	September 13, 2007	Reg. No. 55,612		

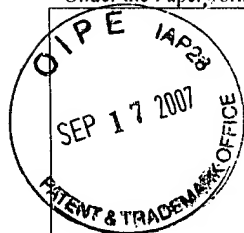
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